



Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457
 Refer to Attached Code Sheet for Numbered Fields

*=These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Page 1 of 2

Crash Date (MM/DD/YYYY) 01 / 11 / 2017										Crash Time (24HRMM) 0 7 0 6		Case ID 17003322				Local Use 154													
*County Name COLLIN										*City Name FRISCO						Outside City Limit													
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No										Latitude (decimal degrees)						Longitude — (decimal degrees)													
ROAD ON WHICH CRASH OCCURRED																													
*1 Rdwy. LR Sys.		*Hwy. Num.		2 Rdwy. Part 1		Block Num. 7100		3 Street Prefix		* Street Name GAYLORD PKWY		4 Street Suffix																	
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/ Toll Lane		Speed Limit 45		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.																			
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																													
At <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 1 Rdwy. LR Sys.		Hwy. Num.		2. Rdwy. Part 1		Block Num. 2900		3 Street Prefix		Street Name DALLAS PKWY		4 Street Suffix																	
Distance from Int. or Ref. Marker				<input type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker		Reference Marker		Street Desc.		RRX Num.																	
Unit Num. 1	5 Unit Desc. 1	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State MO	LP Num. D72KC		VIN 1 G K S 2 C K J 3 H R 1 4 4 6 8 1																						
Veh. Year 2 0 1 7	6. Veh. Color BLK	Veh. Make GMC				Veh. Model YUKON				7 Body Style SV		<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)																	
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 41589455		9 DL Class C	10 CDL End. 96		11 DL Rest. 96	DOB (MM/DD/YYYY) 0 7 1 2 2 1 9 9 5																					
Address (Street, City, State, ZIP) 9 Cowboys WAY Frisco, TX 75034																													
Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line								14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category					
1	1	1	Elliott, Ezekiel								N	21	B	1	1	99	5	97	N	96		96	97	97					
																				Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.									
<input checked="" type="checkbox"/> Owner	Owner/Lessee									Name & Address Elliott, Ezekiel, 9 Cowboys WAY Frisco, TX 75034																			
<input type="checkbox"/> Lessee																													
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Type 1		Fin. Resp. Name ALLSTATE INS. CO.				Fin. Resp. Num. 838249608																						
Fin. Resp. Phone Num. (800) 255-7828					27 Vehicle Damage Rating 1 4 - R F Q - 2					27 Vehicle Damage Rating 2 - - - -										Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
Towed By LW TOWING					Towed To 15020 KING ROAD, FRISCO, TX 75034																								
Unit Num. 2	5 Unit Desc. 1	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State TX	LP Num. FXG5488		VIN W B A K A 8 C 5 7 C C Y 3 7 4 9 8																						
Veh. Year 2 0 1 2	6. Veh. Color BLK	Veh. Make BMW				Veh. Model 750				7 Body Style P4		<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)																	
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 36827573		9 DL Class C	10 CDL End. 96		11 DL Rest. 96	DOB (MM/DD/YYYY) 0 5 1 3 1 1 9 6 2																					
Address (Street, City, State, ZIP) 2879 Belclaire DR Frisco, TX 75034																													
Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line								14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category					
1	1	1	Hill, Ronnie								N	54	B	1	1	99	1	97	N	96		96	97	97					
																				Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.									
<input checked="" type="checkbox"/> Owner	Owner/Lessee									Name & Address Hill, Ronnie, 2879 Belclaire DR Frisco, TX 75034																			
<input type="checkbox"/> Lessee																													
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2		Fin. Resp. Name ALLSTATE INS. CO.				Fin. Resp. Num. 000000816316962																						
Fin. Resp. Phone Num. (800) 255-7828					27 Vehicle Damage Rating 1 8 - L F Q - 3					27 Vehicle Damage Rating 2 - - - -										Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
Towed By LW TOWING					Towed To 15020 KING ROAD, FRISCO, TX 75034																								

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles			Owner's Name		Owner's Address	

Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	
Carrier's Corp. Name			Carrier's Primary Addr.						30 Veh. Type
31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Style	
Trailer 1 Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Trailer 2 Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4					

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)			37 Vehicle Defects (Investigator's Opinion)			Environmental and Roadway Conditions					
	Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
	1	15				1	5	2	2	1	1	5

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)	Field Diagram - Not to Scale
	Unit 1 was traveling westbound on Gaylord Pkwy. in the left lane of straight travel. Unit 2 was traveling southbound on Dallas Pkwy. in the far right lane of straight travel. The driver of unit 1 stated he accidentally ran a red light and struck unit 2, causing moderate damage to the front driver side quarter panel of unit 2. Unit 1 sustained minor damage to the front passenger side quarter panel. No injuries were reported. Multiple airbags deployed on unit 1 and no airbags deployed on unit 2. Both vehicles were towed from the scene by LW Towing.	

Time Notified (24HR:MM)	0 7 0 6	How Dispatched	Time Arrived (24HRMM)	0 7 0 8	Report Date (MM/DD/YYYY)	01 / 17 / 2017
Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	Schweiker, Alex		ID Num.	3473
ORI Num.	T X 0 4 3 0 4 0 0	Agency				FRISCO POLICE DEPARTMENT
INVESTIGATOR	Service/Region/DA	0 1				